



VOLUNTEER APPLICATION

Revised 9/15/17

Name			Date
Street Address			Primary Phone
City	State	Zip Code	Alternate Phone
Email Address			Business Phone
Emergency Contact Name			Emergency Contact Phone Number
Name of Current Employer (or School)			
Have you ever been <i>employed</i> by the Boys & Girls Club of Door County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, date(s): _____ Which site(s): <input type="checkbox"/> Sawyer School <input type="checkbox"/> Hatch Center			
Have you ever <i>volunteered</i> at the Boys & Girls Club of Door County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, date(s): _____ Which site(s): <input type="checkbox"/> Sawyer School <input type="checkbox"/> Hatch Center			
AREAS OF INTEREST			
<input type="checkbox"/> Bus Rider	<input type="checkbox"/> Meal Prep Assistant	<input type="checkbox"/> Youth Mentor	<input type="checkbox"/> Teen Kitchen Intern
<input type="checkbox"/> Garden Helper	<input type="checkbox"/> Dish Washer	<input type="checkbox"/> Reading Buddy	<input type="checkbox"/> Special Events
<input type="checkbox"/> Needs Closet Helper	<input type="checkbox"/> Club Facilitator	<input type="checkbox"/> Homework Helper	<input type="checkbox"/> Committee Involvement
<input type="checkbox"/> Snack Helper	<input type="checkbox"/> Program Helper	<input type="checkbox"/> Teen Center Mentor	<input type="checkbox"/> Other _____
REFERENCES			
Complete information for <i>at least</i> two references.			
Name	Reference Type (Personal/Professional)	Relationship to Applicant	Phone Number

My signature below certifies:

- All statements and information submitted on this application are true and correct.
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from background check(s). I also release such agencies from liability for any information they may provide.
- I understand that BG CDC is an At-Will organization.

APPLICANT SIGNATURE

DATE

Boys & Girls Club of Door County
CONFIDENTIALITY STATEMENT

I shall respect the privacy concerns of the individuals we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the individual. Therefore, I will not disclose an individual's confidences to anyone, except:

1. As mandated by law.
2. To prevent a clear and immediate danger to an individual or individuals.
3. Where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. I shall possess a professional attitude, which upholds confidentiality toward the individuals we serve, colleagues, applicants and any sensitive situations arising within the organization. I, upon my termination, shall maintain child and coworker confidentiality and I shall hold confidential any information regarding sensitive situations within this organization. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

APPLICANT SIGNATURE

DATE

WAIVER & RELEASE OF LIABILITY

_____ (Initial) I hereby release BG CDC, its employees, officers, volunteers, and agents from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with BG CDC. I assume the risk for any mental or physical harm I might incur.

_____ (Initial) I understand that it is my desire to further the work of BG CDC by performing services as a volunteer. I will undertake these services as a volunteer without compensation. I acknowledge that I am not acting as an employee of BG CDC. I also acknowledge that I am not covered under BG CDC's Worker Compensation plan.

_____ (Initial) I agree that all personal possessions/property stored inside BG CDC facilities, on BG CDC property, and on any property used by BG CDC are my own responsibility. BG CDC will not be held liable for any damage, loss, or theft.

_____ (Initial) I hereby grant BG CDC the irrevocable right to photograph and record my physical likeness and to use said images in the production of promotional materials for BG CDC. I relinquish all rights to copyright, title, and/or property interest said photographs and I waive the right to inspect and approve the finished product(s).

_____ (Initial) I understand that BG CDC provides charitable services to the public and does not pre-screen members.

APPLICANT SIGNATURE

DATE